

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

10,786,478

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |                                  |                          |
|----------------------------------|----------------------------------|--------------------------|
| TOTAL CLAIMS                     | <i>30</i>                        |                          |
| FOR                              | NUMBER FILED                     | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | <i>30</i> minus 20 = * <i>10</i> |                          |
| INDEPENDENT CLAIMS               | <i>8</i> minus 3 = * <i>5</i>    |                          |
| MULTIPLE DEPENDENT CLAIM PRESENT |                                  | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

| AMENDMENT A                                    | (Column 1)                                |       | (Column 2)                                  |                  | (Column 3)               |
|--|---|-------|---|------------------|--------------------------|
|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |                          |
| Total  | * <i>4</i>                                | Minus | ** <i>30</i>                                | = <i>8</i>       |                          |
| Independent                                    | * <i>1</i>                                | Minus | *** <i>8</i>                                | = <i>0</i>       |                          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   |                  | <input type="checkbox"/> |

SMALL ENTITY  
TYPE

OTHER THAN  
SMALL ENTITY  
OR

|           |        |
|-----------|--------|
| RATE      | FEES   |
| BASIC FEE | 385.00 |
| X\$ 9=    |        |
| X43=      |        |
| +145=     |        |
| TOTAL     |        |

|           |             |
|-----------|-------------|
| RATE      | FEES        |
| BASIC FEE | 770.00      |
| X\$18=    | <i>180</i>  |
| X86=      | <i>430</i>  |
| +290=     | —           |
| TOTAL     | <i>1380</i> |

OTHER THAN  
SMALL ENTITY

|                             |      |
|-----------------------------|------|
| SMALL ENTITY                | OR   |
| ADDITIONAL<br>RATE          | FEES |
| X\$ 9=                      |      |
| X43=                        |      |
| +145=                       |      |
| TOTAL<br>ADDITIONAL<br>RATE | FEES |

|                             |          |
|-----------------------------|----------|
| ADDITIONAL<br>RATE          | FEES     |
| X\$18=                      | <i>0</i> |
| X86=                        | <i>0</i> |
| +290=                       |          |
| TOTAL<br>ADDITIONAL<br>RATE | FEES     |

| AMENDMENT B                                    | (Column 1)                                |       | (Column 2)                                  |                  | (Column 3)               |
|--|---|-------|---|------------------|--------------------------|
|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |                          |
| Total  | * <i>0</i>                                | Minus | ** <i>0</i>                                 | = <i>0</i>       |                          |
| Independent                                    | * <i>0</i>                                | Minus | *** <i>0</i>                                | = <i>0</i>       |                          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   |                  | <input type="checkbox"/> |

|                             |      |
|-----------------------------|------|
| ADDITIONAL<br>RATE          | FEES |
| X\$ 9=                      |      |
| X43=                        |      |
| +145=                       |      |
| TOTAL<br>ADDITIONAL<br>RATE | FEES |

|                             |      |
|-----------------------------|------|
| ADDITIONAL<br>RATE          | FEES |
| X\$18=                      |      |
| X86=                        |      |
| +290=                       |      |
| TOTAL<br>ADDITIONAL<br>RATE | FEES |

| AMENDMENT C                                    | (Column 1)                                |       | (Column 2)                                  |                  | (Column 3)               |
|--|---|-------|---|------------------|--------------------------|
|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |                          |
| Total  | * <i>0</i>                                | Minus | ** <i>0</i>                                 | = <i>0</i>       |                          |
| Independent                                    | * <i>0</i>                                | Minus | *** <i>0</i>                                | = <i>0</i>       |                          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   |                  | <input type="checkbox"/> |

|                             |      |
|-----------------------------|------|
| ADDITIONAL<br>RATE          | FEES |
| X\$ 9=                      |      |
| X43=                        |      |
| +145=                       |      |
| TOTAL<br>ADDITIONAL<br>RATE | FEES |

|                             |      |
|-----------------------------|------|
| ADDITIONAL<br>RATE          | FEES |
| X\$18=                      |      |
| X86=                        |      |
| +290=                       |      |
| TOTAL<br>ADDITIONAL<br>RATE | FEES |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.